



ODA Registration Form (*To be completed by student*)

First Name:

Middle Initial:

Last Name:

UNT Student ID#:

Phone:

UNT Email:

What is your disability/disabilities?

When was your disability diagnosed?

How does your disability impact you as a student:

Please list any medications you are currently taking along with side effects you are experiencing. Include those that may affect your performance as a student:

Please list reasonable accommodations you had prior to coming to UNT:

Please list reasonable accommodations you are requesting at UNT:

I understand that documentation from a qualified treating professional must be provided with this form. Information provided to the ODA is confidential and protected under the terms of the Family Educational Rights and Privacy Act (FERPA). Documentation of physical disabilities may be documented with the ODA Physical Conditions form. Documentation of psychiatric disabilities (including ADD/ADHD) may be documented with the ODA Psychiatric Conditions Form. For documenting a Learning Disability, please submit the most recent documentation available. Please see Learning Disability Documentation Guidelines included in this packet. The ODA will review all documentation submitted (example: ARD, IEP, medical records).

Student Signature:

Date: